

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		10				
12						
13						
14		50				
15						
16						
17						
18						
19						
20						
21		30				
22						
23		1				
24		729				
25		90				
26	1					
27		1				
28	1					
29						
30						
31						
32						
33						
34						
35						
36						
37		40				
38						
39						
40		12				
41						
42						
43						
44						
45						
46						
47		3				
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		7				
52		55				
53	1	1				
54		1				
55						
56						
57						
58						
59						
60						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.	62					
TOTAL CLAIMS	66					